

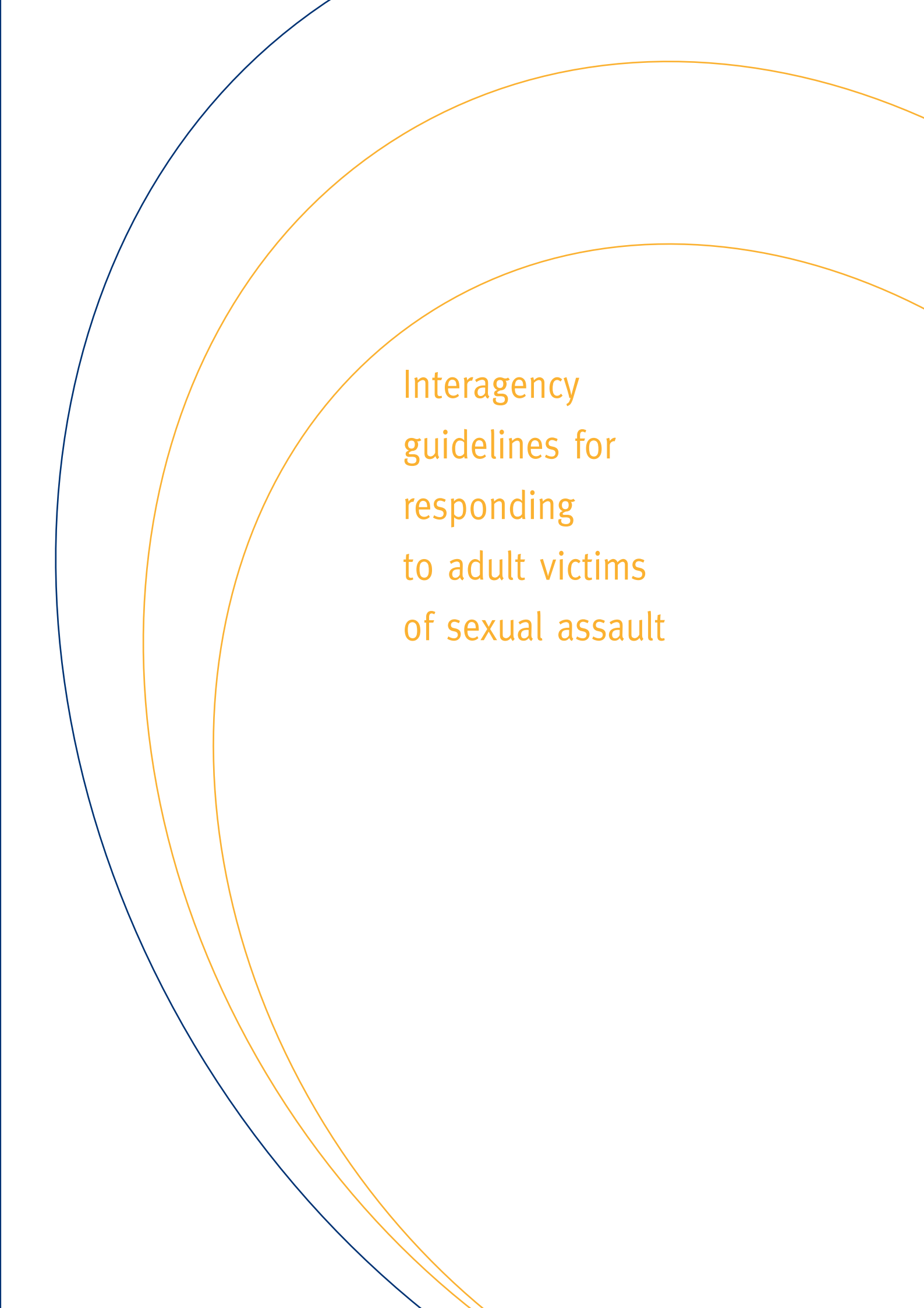
response to sexual assault

Interagency guidelines for responding to adult victims of sexual assault



**Queensland
Government**
Queensland Health
Department of
Justice and
Attorney-General





Interagency
guidelines for
responding
to adult victims
of sexual assault

These guidelines have been developed by an interagency group including representatives from Queensland Health, the Queensland Police Service, Office of the Director of Public Prosecutions, Department of Families, Office for Women, Department of Aboriginal and Torres Strait Islander Policy, Office of the Adult Guardian and Legal Aid Queensland.

The guidelines are intended to provide a best practice framework for responding to adult victims, with a particular focus on victims of recent assault. The guidelines are not intended for use when the assault has occurred within a context of child sexual abuse, as specialist paediatric and child protection responses are required. Instead, the guidelines are applicable within the context of non-consensual sexual activity between adults and apply to those victims aged 16 years and over. (Refer to Section 1.3. Young Victims aged less than 16).

Departments and agencies which are likely to be accessed by victims need to be aware of the manner in which to respond and the importance of facilitating access to services in their local area specifically designated to provide responses to victims.

Although the guidelines are written in gender neutral language, it is acknowledged that most victims are female.

The term *sexual assault* is used throughout the document and includes those assaults where rape has taken place. Legal definitions in use in Queensland are contained in Appendix 1.

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Preface

The guidelines are designed to improve responses to adult victims of sexual assault by promoting increased interagency cooperation and coordination. The need for enhanced coordination and cooperation has been highlighted in both *The Report of the Taskforce on Women and the Criminal Code*¹ and *The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report*². The guidelines are also designed to ensure that personnel in key departments and agencies will provide best practice, quality services and support to victims of the crime of sexual assault.

Each department and agency has a different, yet crucial, role to play in encouraging victims to talk about what has happened to them, in providing information about the availability of medical care and options for support, and in assisting victims to consider reporting the crime to ultimately assist in prosecuting the offender.

In an area of considerable legal and social complexity, these guidelines are designed to help departmental and agency personnel understand one another's roles and different responsibilities to work together in the best interests of the person who has been assaulted.

¹ Queensland Government (2000) *The Report of the Taskforce on Women and the Criminal Code*, Brisbane.

² Queensland Government (2000) *The Aboriginal and Torres Strait Islander Women's Task Force on Violence Report*, Brisbane.

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Section 1
Introduction

1.1 Sexual assault

Sexual assault is a crime of violence. It is also a humiliating, degrading and often terrifying experience which can have long-term negative health and social effects on its victims.

Sexual assault is a gendered crime with the vast majority of victims being female. The number of reported sexual offences against women aged 15 or over in Queensland in 1999/2000 was 1731 compared with 295 against males.³

In many cases of sexual assault, victims delay reporting the offence to police, particularly if the offender is known to the victim.⁴ Major Australian studies indicate that only 11 – 25 per cent of sexual assaults are reported to the police and that most offenders are known to the victim.^{5,6}

Victims experience a range of feelings including shock, fear, guilt, shame, depression and an inability to trust others. The social stigma attached to sexual assault can heighten these feelings and increase the trauma experienced by victims, especially when they receive an uncaring, negative response from the agencies to which they report the assault.

Many victims do not tell anyone what has happened to them, neither friend, family member, police, nor counsellor. This is cause for serious concern because as long as victims feel unable to tell anyone, they are deprived of the help and support they need.

Community education can encourage family and friends to respond supportively and appropriately to a disclosure of sexual assault. However, in order to assist their recovery, victims (both male and female) also need access to a range of services and professional support including counselling, medical services and assistance in reporting the crime to the police.

1.2 Responses to victims

At the State Government level, the three departments with primary responsibility for responding to victims are the Queensland Police Service, Queensland Health and the Office of the Director of Public Prosecutions.

The Department of Families is also involved with cases of sexual assault where the victim is aged under 18 and the assault has occurred within the victim's home environment; where it is reasonable to assume that the victim has been harmed in their home environment; or if the victim is a resident in an approved shared family care placement, or a residential care facility.

Where sexual assault occurs as part of domestic violence, the support services funded by the Department of Families who respond to domestic violence can also be involved.

These government departments are supported by many non-government agencies including Aboriginal and Torres Strait Islander and multicultural organisations, counselling and welfare services as well as victim support groups.

In order to avoid further trauma, responses to victims must be both sensitive and effective. These responses should also take into account the diversity of victims, which includes their cultural and linguistic background, disability, sexual orientation, age and geographic location. As well as assisting their recovery, more sensitive and effective responses may also encourage victims to report the crime to police. This, in turn, can lead to better knowledge of the real incidence of sexual assault, increased community education and awareness and, ultimately, better prevention.

Sexual assault is an area of considerable legal and social complexity. People working with the victims of this crime require a clear understanding of one another's different skills and areas of responsibility and cultivate more effective ways of working together in the interests of victims.

The information provided in these guidelines is intended to complement existing policies and procedures in each department and to contribute to improving service responses to victims.

³ Queensland Police Service (2000) Statistical Review 1999–2000. Brisbane.

⁴ Criminal Justice Commission (1999) Reported Sexual Offences in Queensland – Report to the Taskforce on Women and the Criminal Code, Research and Prevention Division.

⁵ Australian Bureau of Statistics (1996) Women's Safety Survey, Cat.no. 4128.0 (unpublished data) as cited in Office of Women's Policy (1999) A Social and Economic Profile of Women in Queensland 1999 Brisbane.

⁶ Australian Bureau of Statistics (1996) Victims Crime Survey.

1.3 Young victims aged under 16 years

These interagency guidelines outline the management and care for those victims aged 16 years and over and where the sexual assault has occurred within the context of non-consensual sexual activity between adults.

The safety and protection of young people who are sexually assaulted are high priorities and young victims should be informed of all options for support, assistance and prevention regarding sexual assault. They should be encouraged to access services for this support and assistance.

The Suspected Child Abuse and Neglect (SCAN) teams are an existing interagency forum with representatives from the Department of Families, Queensland Health and Queensland Police Service. SCAN teams are responsible for the case management of complex child protection cases, including allegations of sexual assault.

There are a number of statutory requirements under the *Child Protection Act 1999* and the *Health Act 1937* imposed on officers from the Queensland Police Service, Department of Families and Queensland Health when dealing with a young person who reports a sexual assault.

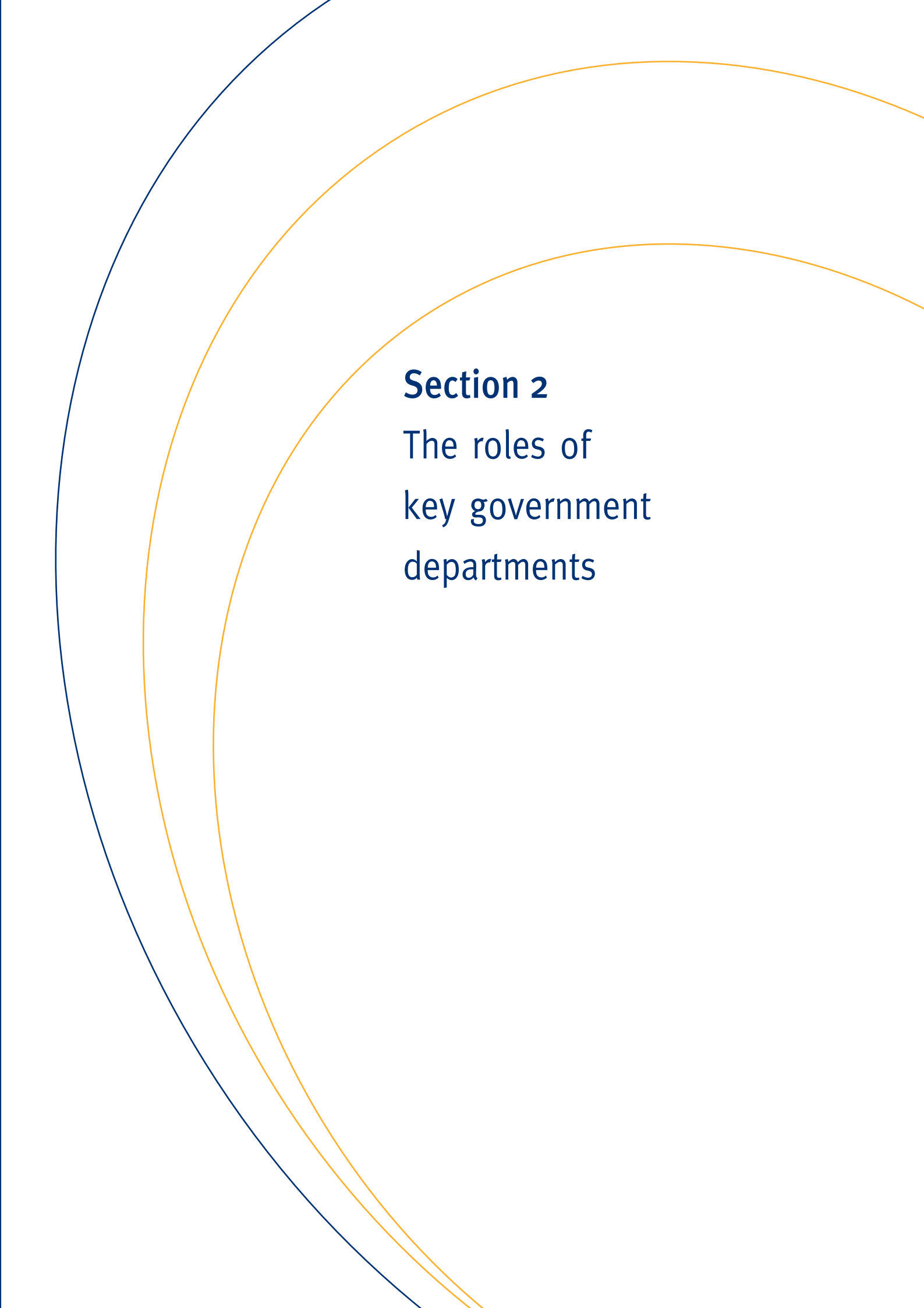
Existing local procedures for the management of victims of sexual assault aged under 16 should be followed. This includes liaison and consultation with designated Department of Families officers, officers from the Juvenile Aid Bureau or the Sexual Crimes Investigation Unit and the designated medical officer for Child Protection (usually the local SCAN team member).

Where a young person is believed to be at risk, confidentiality cannot be guaranteed, as the information about the child may be provided to authorities in the child's interest. The young person should be advised when a notification to the Department of Families or the Queensland Police Service will take place.

1.4 Overarching principles

Responses to victims should be offered within a framework consistent with the following overarching principles.

- All services will focus on the safety and physical and psychological needs of the victim
- The victim's right to privacy and confidentiality will be respected at all times
- Comprehensive information about all processes and options will be offered to victims in a way which is non-judgmental, appropriate, clear and sensitive to the victim in terms of language, culture, age, disability, gender, sexuality and location
- The victim's informed decision will be respected at every stage of the process
- The victim's sense of personal control will be supported and encouraged
- All relevant agencies will work collaboratively to provide clear, up to date and comprehensive information about other agencies and services and will facilitate access to those agencies and services on request
- All agencies will ensure documentation and records are prepared in accordance with health, police and legal requirements and the need for confidentiality, security and choice.

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Section 2

The roles of
key government
departments

2.1 Queensland Health

The role of Queensland Health in responding to victims is to provide medical care, forensic examinations, counselling and information. These services are provided by public hospitals, the Government Medical Office, General Practitioners and a network of specialist Sexual Assault Services who may participate in a formalised and coordinated response to assist victims of sexual assault. Access to this care is available across health service districts in accordance with local procedures.

Assistance and care provided includes:

- medical treatment
- collection and documentation of medico-legal evidence if appropriate
- information, treatment options and follow-up advice to prevent and test for pregnancy and sexually transmitted infections
- counselling immediately after an assault
- information about rights as a victim of crime
- information about reporting to police and legal processes
- support and information for partners, friends and families
- educational and preventive programs to give other government and non-government service providers and the community a better understanding of responding to sexual assault.

Specially trained doctors, counsellors and nurses provide these services.

2.2 Queensland Police Service

The Queensland Police Service has three main functions in relation to sexual assault cases. These are to:

- protect and support complainants
- investigate complaints of sexual assault and establish whether an offence of sexual assault has been committed
- identify, apprehend and prosecute offenders.

In carrying out this role, police should:

- observe the principles of the Operational Procedures Manual, Sexual Assault Protocols, together with the fundamental principles of the *Criminal Offence Victims Act 1995*
- respond to the initial needs of a victim by showing understanding and respect for personal dignity and offering protection and support
- provide victims with information about support services available
- provide protection to victims who are at immediate or continuing risk
- keep victims fully informed throughout the investigative process about the progress of the matter, including information about the arrest, charging and possible bail of the alleged offender
- fully explain court processes.

2.3 Office of the Director of Public Prosecutions

The Director of Public Prosecutions represents the Crown in criminal proceedings against persons accused of committing serious criminal offences including sexual assaults. The criminal proceedings include:

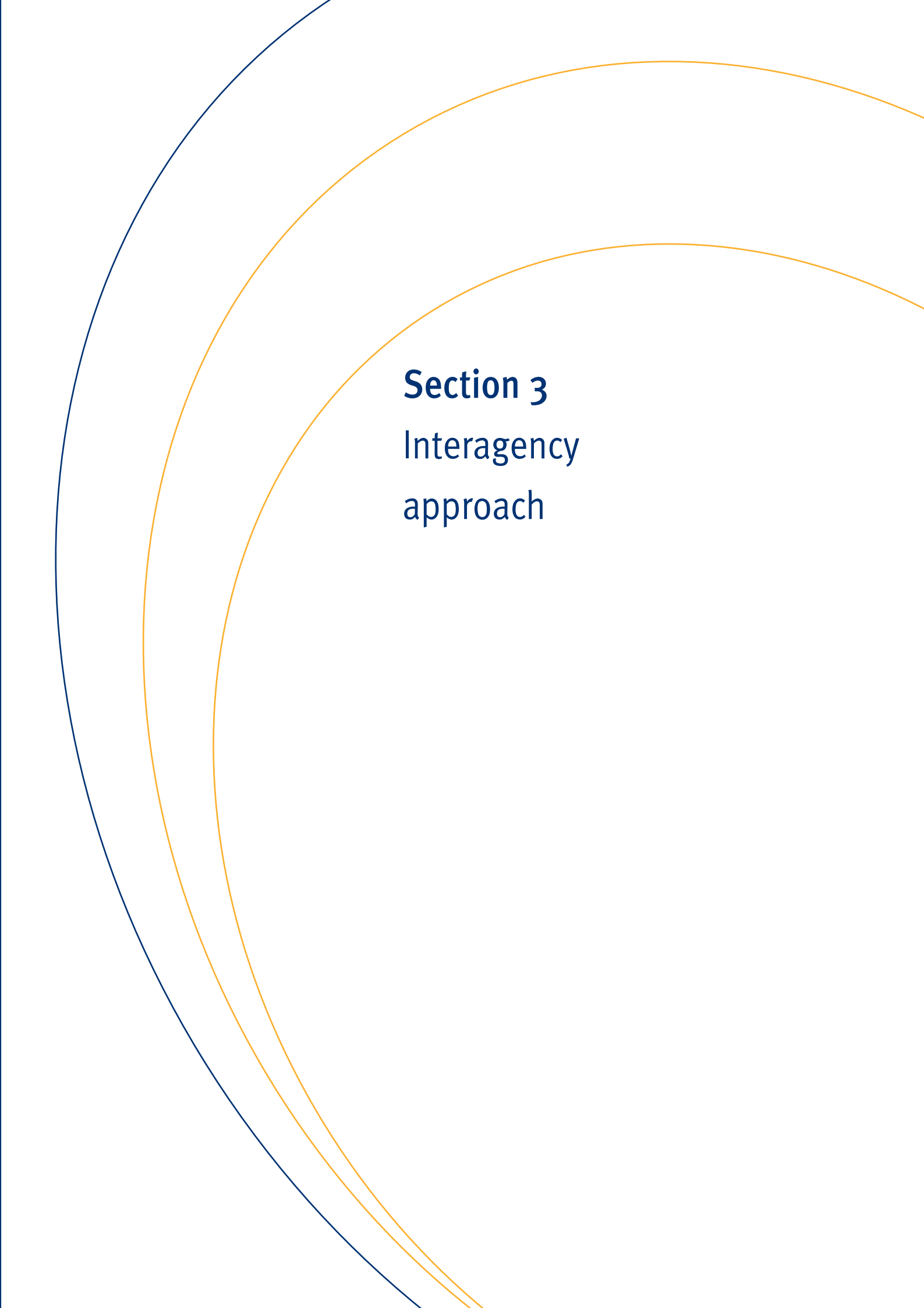
- the committal hearing, before a Magistrate in Brisbane Central, Ipswich and Southport Magistrates Courts. In other centres this hearing is conducted by prosecutors within the Queensland Police Service.
- trials before a judge and jury where the accused person pleads 'not guilty' to the offence
- sentencing hearing before a judge sitting alone where the accused person pleads guilty to the offence or is found guilty of the offence by a jury
- any appeals arising from the trial or sentence.

As well as prosecuting matters in court, the Office of the Director of Public Prosecutions is responsible for the following:

- assisting victims by providing information about the progress of a prosecution, the victim's role as a witness, and how the victim can inform the court of the impact of the crime
- giving victims reasons for decisions made in relation to proceedings which directly affect them, such as the decision not to proceed with a prosecution or to proceed on a lesser charge

- taking into account the wishes of a victim who does not wish to proceed with a prosecution for reasons of health, humiliation or trauma
- providing information about the availability of other resources and processes that may assist victims
- requesting that court listing authorities list sexual assault matters without delay and that these matters are given appropriate priority
- liaising with other relevant agencies to increase understanding of legal and procedural issues and contribute to coordinated responses to victims and supportive family members
- providing on request, advice to the police concerning the appropriate charges to be laid in certain sexual assault matters.

In carrying out the role of the Office of the Director of Public Prosecutions all officers are obliged to comply with the Director's Guideline No. 2 of 2000 issued to assist in putting into effect the fundamental principles of justice that should be observed in dealing with victims of crime.



Section 3
Interagency
approach

3.1 Interagency approach

Given the nature of the crime of sexual assault, an interagency approach is essential with the Queensland Police Service, Queensland Health and the Office of the Director of Public Prosecutions each having different but vital roles in responding to sexual assault. Each of these departments should assist the others in understanding and supporting their role and be familiar with and sensitive to their differing and complementary roles. An interagency approach provides opportunities to discuss and address issues of mutual concern across the departments.

3.2 Teamwork

Quality care for victims depends on good working relationships between departments. Queensland Health, Queensland Police Service and the Office of the Director of Public Prosecutions should establish local procedures to facilitate improved liaison and coordination. These procedures should include systems for information sharing and conflict resolution between the services.

3.3 Training

Training for Queensland Health, Queensland Police Service, and the Office of the Director of Public Prosecutions staff should highlight their respective roles and objectives. Joint training can contribute to achieving this goal and allows those working with victims to understand how each service can contribute to assisting the victim with the best possible response. Training and orientation should be ongoing and also include input from relevant local services.

3.4 Information provision

Police officers, doctors, counsellors, health workers and legal officers should provide victims with comprehensive information and a range of written material about their respective roles and areas of expertise. This information should be offered in a way which is non-judgmental, appropriate, clear and sensitive to the victim in terms of language, culture, age, disability, gender, sexuality and location.

Victims should be made aware of, and given an opportunity to discuss and consider the implications of proceeding with medical, police and legal processes so that they can make informed decisions. The victim's informed decision must be respected. However, the decision whether or not an investigation should proceed rests primarily with the police.

3.5 Referrals

Relevant referral procedures and guidelines between police and health services must be observed. In addition, other relevant health, welfare and legal services likely to be accessed by victims will need to develop local strategies and procedures to ensure that the referral process for victims is appropriate. These services should also be aware of the admission procedures and location of the nearest health facility and police station.

3.6 Evaluation

It is important for quality victim care to ensure victims are being referred to appropriate services. Queensland Health, the Queensland Police Service, and the Office of the Director of Public Prosecutions should regularly monitor and evaluate local interagency links to ensure that procedures are operating effectively and assist in streamlining and coordinating responses for victims. Mechanisms will also need to be in place for victims to give feedback about service responses.

3.7 Services - access, availability and promotion

Victims often need active encouragement to use available medical, counselling, police and legal services. Local procedures need to be in place to ensure that victims have access to a range of services and are informed about the role of the different departments and agencies. Pamphlets and other forms of information and community education materials should be used to encourage this access.

Particular effort should be made for local procedures to encourage victims with specific and diverse needs (refer to 3.9) to access and use appropriate services. Departments and agencies should detail in their procedures appropriate referral mechanisms to other relevant agencies.

3.8 Gender of service providers

Out of fear or embarrassment, victims may feel uncomfortable talking with a police officer, being examined by a doctor, or discussing their case with a legal officer of the opposite sex. All reasonable steps to accommodate the victim's expressed preference for female or male personnel should be taken where possible.

3.9 Diverse needs

Procedures need to be flexible to respond to the diverse needs of victims. It is important to be aware of differences among victims including culture, language, disability, religion, sexuality, geographic location and how these differences can inhibit access to and utilisation of appropriate services.

Departments and agencies should ensure that procedures and facilities provide access to appropriate services for Aboriginal and Torres Strait Islander people, people of non-English-speaking background, people with disabilities and young people. Facilities and services should also provide access for victims who may have physical disabilities.

3.9.1 Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have the right to access services which are culturally appropriate. Procedures must take into account the broader context of Indigenous family violence. Indigenous family violence encompasses violence in domestic or intimate relationships, violence experienced by people abused by other family members, sexual abuse and child abuse all within intra-familial and inter-familial relationships.

Facilities and service providers should take into account the cultural needs of Aboriginal and Torres Strait Islander people and their families and ensure they are comfortable while using facilities.

Departments and agencies should detail in their procedures a referral mechanism to facilitate access to culturally appropriate information for Aboriginal and Torres Strait Islander people if they are unable to provide this.

3.9.2 Cultural and Linguistic Issues

Service provision must respect the cultural, religious and language needs of the victim. Where communication in English is difficult, accredited interpreters and support persons should be used to assist in providing the victim with information which enables them to make informed decisions about health care, and police and legal processes.

This includes victims from non-English speaking backgrounds and people who are hearing impaired.

3.9.3 Victims with a disability

Services and agencies must facilitate access to appropriate support workers and interpreters where the victim has a disability. Disability includes intellectual, physical, sensory, psychiatric or neurological impairment, or a combination of these, resulting in a substantial reduction in the person's capacity to communicate or make informed decisions. As a matter of good practice, services should consult with specialist agencies or departments with particular expertise in regard to any issues in dealing with victims with a disability.

3.10 Confidentiality

Privacy of information is a fundamental principle when dealing with victims who may often feel ashamed and stigmatised due to the nature of the assault. Confidentiality of personal information and security of records is imperative and central to treating victims with dignity and respect.

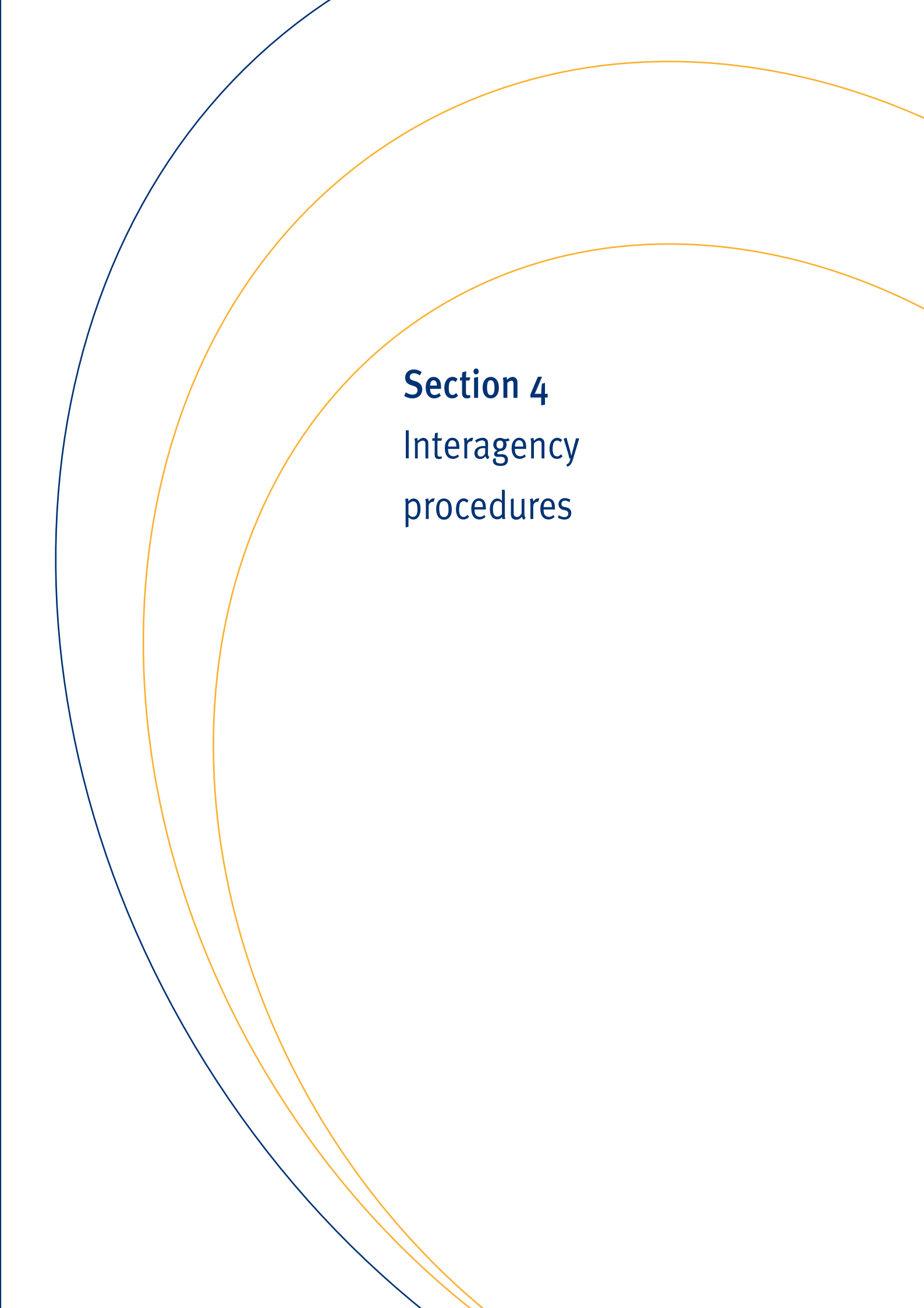
Access to and disclosure of personal information regarding the assault will be limited to people directly involved in the case and conform to legal requirements. Except where legal obligations exist, information will not be released without the prior consent of the victim. This includes names and identifying information about the victim.

3.11 Victim's rights

Victims of sexual assault have suffered harm from a breach of Queensland's criminal laws. Observing the fundamental principles of justice acknowledges the impact of sexual assault on victims.

Departments and agencies providing responses to victims will observe the fundamental principles of justice for victims of crime as stated in the *Criminal Offences Victims Act 1995*. These are:

1. Fair and dignified treatment
2. Access to justice
3. Guidelines to help response to victims
4. Information to be provided to victim about crime prevention methods
5. Privacy of victim to be protected and property returned
6. Victim's version of events to be reported as soon as reasonably possible after crime
7. Protection from violence and intimidation from accused person
8. Welfare of victim to be considered
9. Information during sentencing of impact of crime on victim
10. Information about investigation and prosecution of offender
11. Victim to be advised on role as witness
12. Information about services
13. Information about compensation or restitution



Section 4
Interagency
procedures

Whether a victim first reports the assault to police, a health facility or other specialist or general agency, the first priority is to ensure the safety and welfare of the victim. Prompt referral to the designated specialist response for victims should take place.

The following procedures outline the processes to be followed by the Queensland Police Service, Queensland Health, and the Office of the Director of Public Prosecutions staff in providing an effective interagency response to victims from the moment the initial complaint is received.

4.1 Initial complaint to police

Victim care and support are paramount considerations for police when dealing with sexual assault investigations. To provide this care and support, police receiving a report that a sexual assault has occurred should demonstrate a willingness to act on the information from the victim and ensure that all decisions are made with the consent of the victim and in the best interests of the victim.

Officers of the Queensland Police Service have three main functions in sexual assault cases to:

- protect and support complainants
- investigate and establish whether an offence of rape or sexual assault has been committed
- identify, apprehend and prosecute the offender(s).

Police receiving the initial complaint should ensure:

- the safety and welfare of the victim
- the response to the victim is respectful and supportive
- where urgent medical attention is required, arrangements are made to transport the victim to the nearest acute sexual assault service
- where medical attention is not required urgently, the victim is provided with a space away from the general public and work activities at the police station.

- where recent sexual assault has occurred:
 - 1 explain to the victim the importance and reasons for the forensic examination, particularly with respect to injury documentation and collection of forensic evidence. For example, semen samples are best obtained within three days and in some situations up to seven days
 - 2 explain the purpose in advising not to wash, eat or drink (where appropriate), recognising the need to provide a balance in relation to the victim's needs. For instance, if the victim is too uncomfortable or traumatised, the victim may need to wash and officers should respect this decision
 - 3 timely preservation of the crime scene
- an accurate record of personal details, description and any conversation with the victim is recorded in their official notebook or where available, by audio recording
- with the victim's consent, the victim is taken to the nearest acute sexual assault service for the purpose of initial counselling, medical examination and forensic sampling
- the health facility is contacted with an estimated time of arrival to provide the service an opportunity to prepare for the victim's attendance.

4.2 Initial report to a health facility

4.2.1 Receiving the initial report

Health facilities, such as hospitals, are often the first place where victims report that an assault has occurred. When this happens, nursing and medical staff will assess the general medical condition of the victim and administer immediate treatment if this is required.

Arrangements should be made for an interpreter to be provided in situations of communication difficulty for a non-English speaker or person who is hearing impaired. Refer to Language Service Guidelines (Appendix 2).

Health staff must :

- immediately contact the designated counsellor or doctor (sexual assault team)⁸
- remain with the victim until the counsellor or doctor arrives
- carefully note the victim's presentation as they may be required to provide evidence in court of the complaint, including the time of day, what was said, and the physical and emotional condition of the victim at time of presentation. This information should be written down for future reference.

4.2.2 Notifying the police

It is the role of the sexual assault team to notify the police in accordance with local procedures, if the victim requests this.

Notification and initial report to police does not mean an investigation will automatically take place. It is important that if the victim requests to speak to police, that this is facilitated by a member of the sexual assault team.

4.2.3 Victim attending with police

Many victims will arrive at the health facility with the police. When this occurs, the other procedures outlined in 4.2.1 should still be followed by health staff.

Where police are operating under time constraints, they should inform both the victim and health staff. For example, police may have a suspect in custody and need to commence questioning, or they may need to visit the scene of the crime.

4.3 Sexual assault team procedures

4.3.1 Initial contact

When the sexual assault team is notified, the counsellor will attend the health facility and meet with the victim. It is the counsellor's role to coordinate an immediate response to the victim which offers support, safety and recognition of the trauma of the assault. Medical and forensic assessment is then organised by the counsellor in accordance with the victim's wishes.

Where availability of a counsellor is limited, the initial contact will be with a doctor, nurse or health worker responsible for attending to victims and organising a medical and forensic assessment in accordance with the victim's wishes. Arrangements should be made for a direct referral to the counsellor the next working day to follow up with the victim and assist with appropriate referrals.

4.3.2 Counselling interview

The purpose of the counselling interview is to:

- provide immediate crisis intervention support to minimise the impact of the assault
- provide information about procedures that may follow and options available to the victim
- provide an opportunity for the victim to express their feelings about what has happened
- talk to family members (if present) about how best they can support the victim
- advocate on behalf of the victim if appropriate.

If the victim requires information or clarification about police procedures, the counsellor should arrange for police to provide this information to the victim.

The counsellor should also advise that the

⁸ The sexual assault team refers to the counsellor, doctor, nurse practitioner or health worker designated to respond to victims of sexual assault in their health service district.

victim is entitled to speak with a doctor and have a general medical examination, advice and preventive treatment regardless of the victim's decision regarding legal action and forensic examination.

During the medical examination, the victim may also wish to be accompanied by a support person of their choosing. This person can be a relative, friend, community support worker, nurse, counsellor or police officer should the victim request this.

Where required, the counsellor should ensure that an interpreter is available for both the counselling interview and medical examination.

4.3.3 Collaboration between police and the sexual assault team

Where police have attended the health facility with the victim, police and the sexual assault team should operate in a collaborative manner to support the victim.

Discussion between the doctor and the police should occur before the medical examination takes place. This is to ensure that all necessary evidence is collected and that unusual evidence is not overlooked.

4.3.4 Victim undecided about legal action

If a victim is undecided about whether to proceed with legal action, a discussion between the victim and the sexual assault team should be held with a clear explanation being provided regarding the implications of whatever decision is made. Where police have been in attendance, the sexual assault team should also involve the police in the discussion.

Where relevant, it should be made clear to the victim that:

- a decision to proceed with legal action while still at the health facility will facilitate the collection of medico-legal evidence and assist with the police investigation
- a forensic examination may take place with the victim's consent which may enhance the possibility of obtaining medical evidence in case of future legal action. This option should be discussed with the victim by a member of the sexual assault team
- a forensic examination may be performed but the release of forensic information and items to police can be delayed to allow the victim more time to make a decision (Forensic information and items must be stored securely at the health facility in accordance with local procedures)
- a delay may, in some circumstances, be detrimental to the police investigation.

4.3.5 Medical examination and treatment

The medical examination will be conducted by a doctor trained in sexual assault examinations. The aims of the medical examination are to:

- reassure victims about their physical welfare, including giving information on, and providing treatments to reduce the risks of pregnancy and sexually transmitted infections
- assess and treat injuries
- provide advice and referral options for follow up medical care
- document and interpret injuries and collect forensic evidence should the victim consider proceeding with police action.

The forensic examination is a component of the overall medical examination and will be carried out using the Sexual Offences Medical Protocol Kit. This kit includes a written protocol and containers for the collection of forensic evidence. The forensic examination is designed to collect evidence corroborating certain aspects of the allegation of assault but does not in itself prove or disprove that an assault has occurred.

4.3.6 Consent to forensic examination

The doctor must provide an explanation of the nature of the forensic examination prior to obtaining any consent for the examination. The forensic examination consists of obtaining a history as to the nature of the assault, physical examination and interpretation of injuries and the collection of forensic evidence. As the history taking is an integral part of the forensic examination, appropriate consent must be obtained prior to this.

Where an interpreter is used, the interpreter is required to sign that the appropriate information regarding the forensic examination and consent has been conveyed to the victim.

The victim may withhold consent to any particular procedure or any other aspect of the forensic examination and withdraw consent at any time.

Unconscious patients who are admitted to hospital with a suspicion of sexual assault will be assessed and treated as medical emergencies. Internal gynaecological examinations will only be conducted if medical assessment indicates the need for such a procedure and the patient's medical condition is stable.

The Guardianship and Administration Act 2000 does not provide a mechanism to obtain consent for a forensic examination from other parties, such as relatives, for unconscious patients or patients who lack the capacity to consent.

4.3.7 *Timing and nature of the forensic examination*

The doctor, in consultation with the victim, will decide on the timing of the examination and the number and type of forensic specimens to be taken. In making these decisions, the doctor will consider a number of factors including the time since the assault, the physical and emotional state of the victim and the victim's account of the assault.

This process, particularly if it involves an internal gynaecological examination, can be distressing for victims and the examination may sometimes need to be delayed or discontinued on account of the victim's physical and emotional state.

4.3.8 *Consent to medical treatment*

Having obtained a history of the nature of the assault, the doctor will explain to the victim the nature and extent of any medical examinations and treatment and will only proceed following the victim's informed consent.

In cases where the victim is unable to consent to medical treatment the hierarchy of consent by a substituted decision maker, acting on behalf of the victim as set out in s.66 of the *Guardianship & Administration Act 2000* is to be followed.

The order of priority for substituted decision makers is:

- the victim's Advanced Health Directive (if any) if it deals with the treatment sought to be given
- a guardian appointed by the Guardianship and Administration Tribunal, or an Order of the Tribunal which relates to the treatment sought to be given
- an attorney appointed by the victim under an Enduring Power of Attorney in relation to health matters
- a statutory health attorney.

The *Guardianship and Administration Act 2000* also provides that in certain circumstances, where the health care is needed

urgently, the health provider may provide the treatment without the patient's or substituted decision maker's consent. Practitioners should be aware that this is confined to specific and limited circumstances described in the Act.

4.3.9 *Drug facilitated sexual assault*

Where the administration of drugs in the sexual assault is suspected, testing to maximise the chances of detecting these substances should be administered in a timely fashion. However, the decision to test for these remains a clinical one which is made by the victim in consultation with the doctor.

4.3.10 *Non-forensic samples*

Non-forensic samples (such as a test for sexually transmitted diseases) are not conveyed to the John Tonge Centre. These samples will be processed in accordance with local arrangements in place at the health facility and with the consent of the victim.

4.3.11 *Presence of police at medical examination*

There is no legal requirement for a police officer to be present during the medical and forensic examination. Generally, a nurse, health worker or other support person will be present during the medical examination to assist with the examination and support the victim.

A victim may request a police officer to be present. When this occurs, this police officer is to be the same gender as the victim.

4.3.12 *Consent to release information*

The doctor will not release the forensic kit to police without the signed consent of the victim.

4.3.13 *Releasing information to police*

After the victim has signed the Consent to Release form, the examining doctor will hand the sealed kit to the police who will sign the necessary documentation. The doctor should

also discuss the forensic findings with the police.

If the victim is wearing clothing that was worn at the time of the assault, this should be collected, placed in individually labelled paper bags and handed to the police.

If police are not present to receive the kit and any clothing, they should be placed in a locked freezer at the health facility. Arrangements will be made by a member of the sexual assault team to contact police and organise for these items to be handed over to them at the earliest opportunity.

4.3.14 Recording exhibits released to police

The police officer receiving the kit and other items of physical evidence and any officer who subsequently handles it, must ensure continuity and security of that evidence.

The kit should be conveyed to the John Tonge Centre for analysis as soon as possible as any delay may diminish the quality of some samples.

4.3.15 Delayed consent to release information

Where a victim is unsure whether to proceed with a complaint, the forensic evidence (including the kit and clothing) will be locked in a freezer at the health facility and held in storage in accordance with local procedures.

The victim will be informed that the Consent to Release form will need to be signed. If the victim decides not to proceed, the victim will have to sign a form which will enable the forensic evidence to be destroyed after at least three months.

4.3.16 Providing information to victims

The counsellor or doctor should provide the victim with a range of written material including information on follow-up counselling, typical effects and impact of sexual assault, medical testing for sexually transmitted infections, including HIV, and other support options.

4.3.17 After the medical examination

As the victim may wish to shower following the medical examination, the counsellor should arrange for a change of clothes to be available.

Police and the counsellor should ensure that the victim has a safe and supportive place to go to after leaving the hospital and that appropriate transport arrangements have been made.

The counsellor should discuss with the victim details about future contact with the victim and make referrals to counselling, medical and legal services in accordance with the victim's wishes.

If the counsellor is not present, the doctor, nurse or health worker should carry out follow-up referrals in accordance with local procedures.

4.4 Investigative procedures

4.4.1 Confidentiality

Police will maintain confidentiality during the investigation of any sexual assault matter.

4.4.2 Statement taking

Wherever possible, the victim's preference for a male or female interviewing officer should be met.

4.4.3 Interpreter services

Interpreters should be provided for the police interview in accordance with police procedures.

4.4.4 Support person present during interview

Police should inform victims that they may be accompanied by a support person while their statement is being taken. However, they must be advised that:

- the support person may not participate in the interview
- a potential witness may not act as a support person.

4.4.5 Copy of statement to victim

At the end of the interview the victim will be advised of their right to a copy of their statement and if this is requested, a copy will be provided.

4.4.6 Hypnosis and other therapies

In the prosecution of an accused person the Office of the Director of Public Prosecutions will not tender evidence where its subject matter was recalled for the first time under hypnosis. If it is proposed, for therapeutic reasons, to hypnotise the victim or for the victim to undergo Eye Movement Desensitisation and Reprocessing (EMDR) then the victim should be aware that there is a strong possibility that their recollection of the event/s will be challenged at trial and may be excluded altogether.

The fact that a witness has been hypnotised will be disclosed by the prosecution to the defence and all relevant transcripts and information will be disclosed to the defence prior to trial.

If the victim wishes to undergo these therapies then advice should be sought from the Office of the Director of Public Prosecutions about the procedure to be adopted to best preserve the admissibility of the victim's recollections.

Under no circumstances will hypnosis be used during initial presentations of victims to health services.

4.4.7 Access to health records

The forensic kit provided to police contains documentation of the forensic examination and history given by the victim. This should provide sufficient information for police investigation and legal processes.

Health records, including counselling notes, are confidential. Where documents are sought under subpoena or other court-related mechanisms, attempts will be made to inform the victim that a request to access their records has been received. Subpoenas must detail the specific health record and material being requested.

4.4.8 Victim DNA reference samples

DNA reference samples (usually a blood sample or mouth swab) from victims should be taken routinely by the doctor as part of the forensic examination. The purpose of the victim DNA reference sample is to enable the John Tonge Centre to identify the victim's DNA in any forensic samples obtained in relation to the offence, therefore allowing other DNA found in the forensic samples to be compared with the alleged offender's reference sample. Victim DNA reference samples will not be placed on the National DNA database.

4.4.9 Medical tests from offenders – Disease Test Orders

The *Police Powers and Responsibilities Act 2000* provides for the making of Disease Test Orders (DTOs) to obtain blood and urine samples from the alleged perpetrator of certain listed sexual offences and serious assault offences.

The purpose of this is to help ensure victims of these offences receive appropriate medical, physical and psychological treatment through the provision of accurate medical information about the health status of their alleged attacker.

Early treatment decisions for the victim can be considered in light of the knowledge that test results from the alleged perpetrator will soon become available to determine whether treatments should or should not continue.

Disease Test Orders have to be carried out in accordance with the legislative provisions of the *Police Powers and Responsibilities Act 2000* and the *Protocol for the Taking of Blood and Urine Samples* contained in the *Queensland Health Infection Control Manual*.

4.4.10 Doctor's statements

Police are responsible for obtaining a statement from the doctor who performed the forensic medical examination.

The doctor's statement must include the following:

- the full name of the doctor
- the doctor's qualifications and experience in full
- the time, date and place of the examination and the name of the victim
- the doctor's observations during the course of that examination
- the doctor's conclusions or opinions as a result of those observations.

Opinions must be restricted to the doctor's field of expertise. They must not include versions of the allegation given to the medical officer by other people.

4.4.11 Discontinuance of police action

Where the victim does not wish to proceed with further police action, police should:

- inform the victim that following the withdrawal of the complaint no further action shall be taken by police
- ensure that the appropriate form is completed, signed and witnessed and a copy is provided to the victim
- advise the victim of local counselling and support services.

4.4.12 Information on arrest

Information released by police about the arrest of any person or about subsequent court proceedings must not lead to the identification of any victim or any witness or alleged offender.

4.4.13 Provision of information on legal action

The police will advise the victim that charges have been laid and provide information about the defendant's conditions of bail and the first remand date.

4.4.14 Bail – Police

When a bail application is made and where there is evidence that there is an unacceptable risk that the accused person, if granted bail, would endanger the safety or welfare of the victim or interfere with the victim as a witness then the bail application will be opposed on those grounds. There may be other grounds upon which bail will be opposed.

4.4.15 Domestic Violence Protection Orders

Where the sexual assault has occurred within a spousal or spouse-like relationship, the victim should be informed about seeking protection under the *Domestic Violence (Family Protection) Act 1989*. In situations where domestic violence has occurred and is likely to occur again, a Domestic Violence Protection Order can be obtained by the victim, by police on behalf of a victim of domestic violence or by another person authorised by the victim. Protection Orders can be obtained through the Magistrates Court.

In urgent situations police may be able to apply for an order by telephone or fax.

Section 30 of the *Domestic Violence (Family Protection) Act 1989* provides the opportunity for a Protection Order to be obtained in a higher court in a situation where a spouse pleads or is found guilty of related offences, if the court is satisfied that domestic violence has occurred and is likely to occur again.

Where appropriate, victims should also be referred to a specialist domestic violence service for support and assistance (Appendix 3).

4.5 Follow up

The police officer in charge of the case is responsible for ensuring that the victim is informed of the status of the case and the progress of the investigation. This includes charging, bail conditions and subsequent remand dates.

Counsellors provide follow-up counselling to help victims recover from the assault. This may involve a number of sessions with a counsellor at a specialist Sexual Assault Service or another counselling service.

Follow-up medical testing for sexually transmitted infections, including HIV, and other medical treatment will be organised in accordance with the wishes of the victim.

4.6 Prosecution procedures

4.6.1 Police brief

Police should give the brief of evidence to the appropriate prosecuting body 14 days before the committal mention. In Brisbane Central, Ipswich and Southport Magistrates' Courts the prosecuting authority will be the Office of the Director of Public Prosecutions.

In all other Magistrates Courts the prosecuting authority will be the Queensland Police Service Prosecution Corps.

4.6.2 Service of brief

Any brief served on the defendant or the defendant's legal representative must not contain the address or telephone number of any victim or non-professional witness. This information should be deleted before the brief is served.

4.6.3 Office of the Director of Public Prosecutions - Letters of introduction

Upon receiving a brief of evidence in a sexual assault matter the Office of the Director of Public Prosecutions will make initial contact with the victim, usually in writing, unless some other means of contact is more appropriate in the particular circumstances of the matter.

The victim will be given contact details for the Victim Liaison Officer in the Office of the Director of Public Prosecutions and will be given as much detail as possible at the time, eg. the identity of the accused (except if a juvenile) and the charges that the accused person faces.

The victim will also be provided with information brochures on the criminal justice process and be requested to advise whether they require further information throughout the prosecution phase of the criminal justice system.

The importance of these letters cannot be over-emphasised:

- they establish contact with the victim
- they encourage communication at an early stage with the victim and with counsellors working with that victim
- they allow an early assessment to be made of the needs of the victim
- they assist the victim in overcoming fears of the court process.

4.6.4 Ongoing contact with the victim

The Victim Liaison Officer and the case lawyer will have ongoing contact with the victim through to the conclusion of the prosecution of the person accused of sexual assault.

The nature and amount of the ongoing contact will be in accordance with the victim's wishes and will be to provide information about the progress of, and other important information about, the case and to respond to any concerns the victim may have.

This further contact may be in writing, in person or by telephone depending on the particular requirements of the case.

The Victim Liaison Officer will also be able to refer the victim to other organisations that will be able to provide welfare, health, counselling and legal help.

4.6.5 Bail – Office of the Director of Public Prosecutions

When a bail application is made that involves the Office of the Director of Public Prosecutions and there is evidence that there is an unacceptable risk that the accused person, if granted bail, would endanger the safety or welfare of the victim or interfere with the victim as a witness then the bail application will be opposed on those grounds. There may also be other grounds upon which bail will be opposed.

4.6.6 Preparation for court

A witness who is prepared for court, who knows what to expect and is familiar with the courtroom setting and language, is in a better position to give their evidence than a witness who is not prepared and taken by surprise.

Where a victim is to be called as a witness at a committal hearing or at trial the case lawyer or prosecutor will hold a conference with the victim beforehand. At this conference the case lawyer or prosecutor will address any specific concerns about the evidence of the victim and will inform the victim about court procedure and special provisions that may apply in their particular case.

If possible, the witness will be taken to a court similar to the court where the hearing will be conducted to see such a court conducting its proceedings.

4.6.7 Special provisions

The case lawyer or prosecutor will also inform victims of the following special provisions where relevant.

- **Closed court**

Members of the public will be excluded from the court room while the victim is giving evidence unless the court is satisfied that it is proper for those persons to be present.

- **Prohibition on publication of the victim's identity**

The identity of the victim or details likely to identify the victim cannot be published unless the court is satisfied that there is a good reason for allowing publication.

- **Special witnesses**

If the victim is under the age of 12 or is likely, in the court's opinion to be disadvantaged as a witness, or would be likely to suffer severe emotional trauma, the court may declare the witness to be a special witness.

In this case the court may then make orders to assist the victim to give evidence, eg. screens to obscure the accused person from the view of the witness, use of closed circuit television or video tape to give evidence, presence of a support person or exclusion of persons from the court room.

- **Protected witnesses**

An unrepresented accused person is prevented from cross-examining a victim in a committal hearing or in a trial before a judge and jury.

4.6.8 Support persons

Victim Liaison Officers will discuss with the victim whether they wish to have a support person present while they give evidence or throughout the trial. If the victim does want a support person the Victim Liaison Officer will refer the victim to agencies that provide court support.

If the victim has chosen a support person before contacting the Office of the Director of Public Prosecutions, the Office of the Director of Public Prosecutions will need to ensure that the support person is not an actual or potential witness, that they understand court procedure and that they understand that they are not to discuss the evidence with the victim.

The presence of a support person in the courtroom while the victim gives evidence depends upon the court granting permission for this to happen.

4.6.9 The hearing

Case lawyers and prosecutors representing the Office of the Director of Public Prosecutions when conducting hearings will take steps to:

- protect the victim's privacy by requesting that the Court exclude the public from the court room while the victim is giving evidence and objecting to any application to allow publication of the victim's identity
- assist the victim to give evidence, where appropriate, by requesting that the victim has the benefit of the provisions designed to assist 'special witnesses' in giving evidence. For example, screens to obscure the defendant, exclusion of persons from the court, support persons present and, if there are appropriate facilities, the possibility of the victim's evidence being given on closed circuit television or video tape
- protect witnesses by objecting to inadmissible, threatening, unfair or unduly repetitive questioning or questions couched in language the witness is unlikely to comprehend
- ensure that the provisions preventing an unrepresented accused from cross-examining a victim are complied with.

4.6.10 Victim Impact Statements

During the sentencing of the offender the court should be advised of the harm caused to the victim by the crime. The court may be informed by way of a Victim Impact Statement where the victim, in their own words, details the impact the crime has had on them.

The victim will be given a brochure about making a Victim Impact Statement and may seek the assistance of the Office of the Director of Public Prosecutions in preparing their statement. The victim does not have to make a Victim Impact Statement if they do not wish to.

4.6.11 Compensation

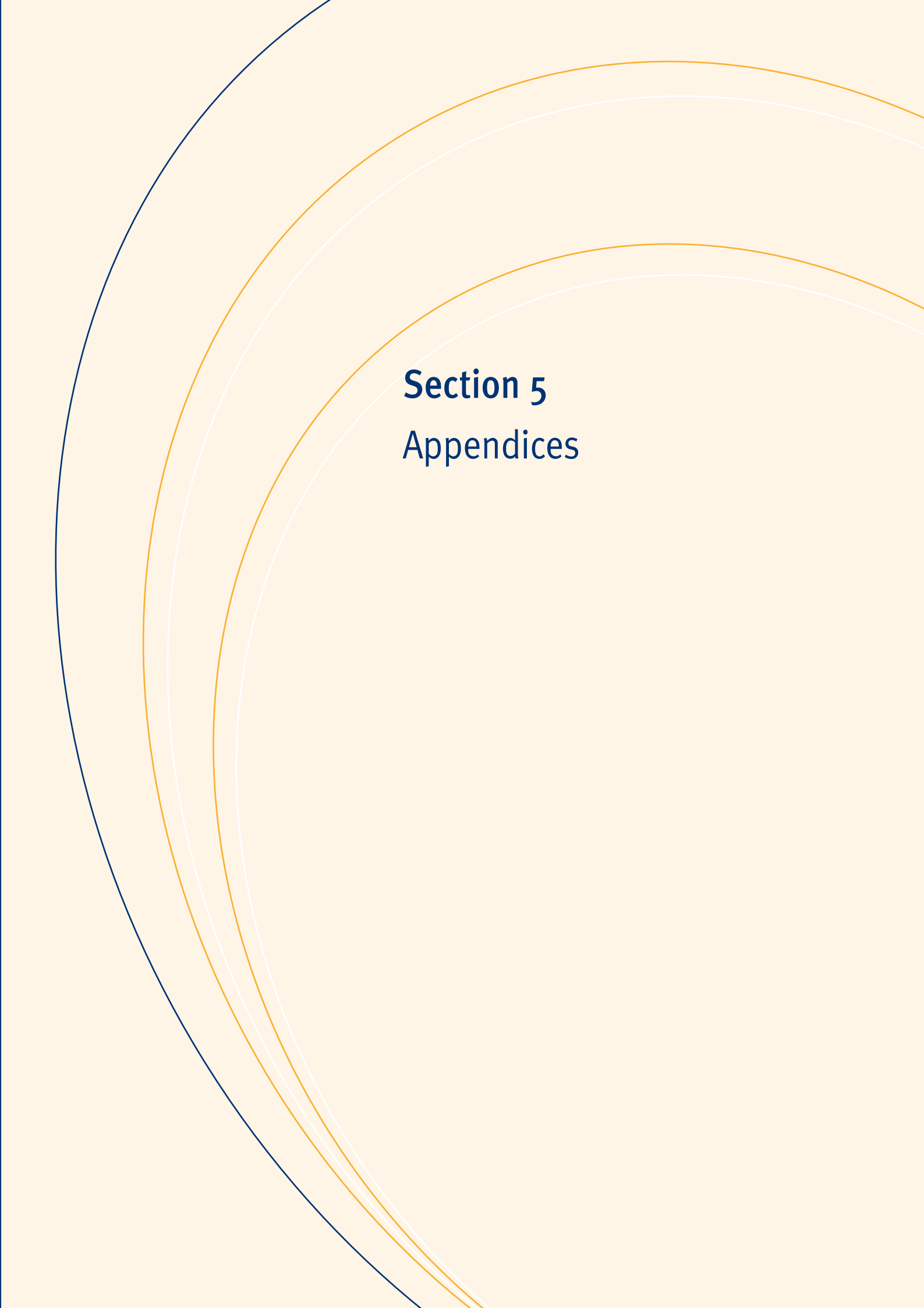
The victim may be entitled to criminal injury compensation. Victims will be informed about compensation and be referred to a solicitor or the Victims of Crime Compensation Unit at Legal Aid Queensland for legal advice and assistance in making a claim for compensation. Time limits and limits on compensation apply.

4.6.12 Follow-up

After the trial and/or sentence, the victim will have the opportunity to talk to the case lawyer about the outcome of the case and the sentence imposed, if any. This opportunity may arise immediately after the trial and/or sentence concludes or at a later time by telephone.

If the offender is imprisoned, the victim will be told about the existence of the Concerned Person's Register (CPR) operated by the Department of Corrective Services. Once a victim registers with the CPR they will be kept informed about the offender's imprisonment.

If the offender appeals against their conviction and/or sentence or the Attorney-General appeals against the leniency of the sentence, the victim will be kept informed about the progress and outcome of the appeal and any consequential matters arising from the appeal.



Section 5
Appendices

Appendix 1 –

Legal definitions of sexual offences

The main types of sexual offences are:-

1. Rape

Section 349 of Queensland's Criminal Code defines rape as:

349 (1) *Any person who rapes another person is guilty of a crime. Maximum penalty - life imprisonment.*

349 (2) *A person rapes another person if –*

- (a) the person has carnal knowledge with or of the other person without the other person's consent; or*
- (b) the person penetrates the vulva, vagina or anus of the other person to any extent with a thing or a part of the person's body that is not a penis without the other person's consent; or*
- (c) the person penetrates the mouth of the other person to any extent with the person's penis without the other person's consent.*

For the purposes of sexual assaults, “consent” is defined in section 348 as:-

348 (1) *In this chapter, “consent” means consent freely and voluntarily given by a person with the cognitive capacity to give such consent.*

(2) Without limiting subsection (1), a person's consent to an act is not freely and voluntarily given if it is obtained-

- (a) by force; or*
- (b) by threat or intimidation; or*
- (c) by fear of bodily harm; or*
- (d) by exercise of authority; or*
- (e) by false and fraudulent representations about the nature or purpose of the act; or*
- (f) by a mistaken belief induced by the accused person that the accused person was the person's sexual partner.*

Again, for the purposes of sexual assaults, “penetrate” is defined in section 347 as:-

347 *“Penetrate” does not include penetrate for a proper medical, hygienic or law enforcement purpose only.*

“Carnal knowledge” is defined in section 6 of the Criminal Code as:-

6 *If carnal knowledge is used in defining an offence, the offence, so far as regards that element of it, is complete on penetration to any extent.*

2. Attempted Rape

Section 350 of the Criminal Code defines attempt to commit rape as:-

350 *Any person who attempts to commit the crime of rape is guilty of a crime, and is liable to imprisonment for 14 years.*

3. Sexual Assaults

Section 352 of the Criminal Code defines “sexual assaults” as:-

- 352 (1) Any person who -
- (a) unlawfully and indecently assaults another person; or
 - (b) procures another person, without the person’s consent -
 - (i) to commit an act of gross indecency, or
 - (ii) to witness an act of gross indecency by the person or any other person;
- is guilty of a crime. Maximum penalty – 10 years imprisonment.
- (2) However, the offender is liable to a maximum of 14 years imprisonment for an offence defined in subsection (1)(a) or (1)(b)(i) if the indecent assault or act of gross indecency includes bringing into contact any part of the genitalia or the anus of a person with any part of the mouth of a person.
- (3) Further, the offender is liable to a maximum penalty of life imprisonment if -
- (a) immediately before, during, or immediately after the offence, the offender is, or pretends to be, armed with a dangerous or offensive weapon, or is in company with any other person; or
 - (b) for an offence defined in subsection (1)(a), the indecent assault includes the person who is assaulted penetrating the offender’s vagina, vulva or anus to any extent with a thing or a part of the person’s body that is not a penis; or
 - (c) for an offence described in subsection (1)(b)(i), the act of gross indecency includes the person who is procured by the offender penetrating the vagina, vulva or anus of the person who is procured or another person to any extent with a thing or a part of the body of the person who is procured that is not a penis.

4. Unlawful Sodomy

With respect to unlawful sodomy, section 208 of the Code states:

- 208 (1) Any person who -
- (a) sodomises a person under 18 years; or
 - (b) permits a male person under 18 years to sodomise him or her; or
 - (c) sodomises an intellectually impaired person; or
 - (d) permits an intellectually impaired person to sodomise him or her;
- commits a crime. Maximum penalty – 14 years imprisonment.

The offender is liable to imprisonment for life if the offence is committed in respect of

- (a) a child under 12 years; or
- (b) the child, or an intellectually impaired person, who is to the knowledge of the offender-
 - (i) his or her lineal descendant; or
 - (ii) under his or her guardianship or care.

5. Unlawful Carnal Knowledge

Section 215 of the Criminal Code states -

- 215 (1) Any person who has or attempts to have unlawful carnal knowledge of a girl under the age of 16 years is guilty of an indictable offence.
- (2) If the girl is of or above the age of 12 years, the offender is guilty of a crime, and is liable to imprisonment for 14 years.
- (3) If the girl is under the age of 12 years, the offender is guilty of a crime, and is liable to imprisonment for life, or in the case of an attempt to have unlawful carnal knowledge, to imprisonment for 14 years.

Appendix 2-

Language Service Guidelines - Guidelines for Health Service Staff

1. Assessing interpreting needs

- *On presentation, note country of birth of patient/client. If the person is originally from a non-English speaking country then observe the following steps. The same procedure applies if the person is deaf or hearing impaired.*
- *Establish whether an interpreter is needed. (Consult the guide for the use of professional interpreters in health services or the Queensland Deaf Society's Interpreting Guidelines, if necessary).*
- *Identify the language spoken by the patient/client. A language recognition card can assist in the identification of the correct language (available from Translating and Interpreter Service). Patients/clients may present a Queensland Interpreter Card indicating the language that they speak.*
- *Establish whether the patient/client has any preferences regarding the interpreter, eg. gender.*
- *Determine whether an on-site or a telephone interpreter is required (Note: more complex communications require an on-site interpreter, whereas an urgent need for an interpreter requires a telephone interpreter as the more appropriate response.) Interpreting via videoconferencing technology is another option with advantages for regional areas.*
- *Place a sticker indicating that an interpreter is needed and the language required on the inside cover of the patient/clients file for future reference.*

2. Arranging an interpreting service

- *Seek approval for the engagement of an interpreting service, if required.*
- *Inform client/patient that an interpreter service is being arranged.*
- *Contact the relevant interpreter service (see below).*

Interpreting services for people from non-English speaking backgrounds

- *For an on-site interpreter, pre book with TIS by fax on 1300 654 151. Request forms are available for TIS. Alternatively, phone 13 14 50 (24 hours service, toll free). Public Hospitals can use a priority line on 1300 655030. For a list of individual accredited interpreters contact the National Accreditation Authority for Translators and Interpreters (NAATI) website: www.naati.com.au*
- *If a TIS booking forms is unavailable provide the following details*
 - *name of patient/client*
 - *language required*
 - *place where interpreting is to occur*
 - *date and time required*
 - *contact details including phone number*
 - *gender preference (if any)*
 - *agency client code*

- Telephone interpreters may be pre-booked by fax or arranged by phone on 13 14 50, or the hospital priority line on 1300 655 030 (note that pre-booking incurs an extra charge).
- An 'interpreter' or 'para-professional interpreter' can be requested. An 'interpreter' is preferable but the majority of available interpreters are accredited at the para-professional level.
- Interpreter training for health professionals is becoming increasingly available. You can request an interpreter with this specialisation although there is no guarantee that one can be provided.

Interpreting services for the deaf community

- Phone the Queensland Deaf Society on (07) 3356 8255 (office hours) or 1800 630 745 (after hours). Interpreters can be pre-booked by completing an interpreter request form and faxing it to (07) 3556 1331 (Forms are available from the Society). The Society can arrange for an interpreter to travel to regional areas on a fee for service basis.
- An alternative option is to contact individual interpreters directly. NAATI accredited interpreters are available through the current NAATI Directory or phone the NAATI Regional Officer, Brisbane on (07) 3393 1358. The NAATI web site address is www.naati.com.au
- In an emergency or other situation where an appropriate interpreter cannot be arranged, a competent bilingual speaker can assist with communication. Check with a professional interpreter about the accuracy of the information obtained as soon as practicable following the interview.
- If the offer of an interpreter is declined record the circumstances in the patient/client's file.

3. At the commencement of an interpreting session

- If necessary you can verify the identification details of TIS interpreters by checking their TIS identity card and accreditation details.
- Brief the interpreter on the background to the interview and your expectations of them.
- Consult the Guide to working with interpreters in the health settings for information about conducting the interview with an interpreter present.

4. Seeking consent for surgery, treatment or research

- When consent is being sought for surgery, invasive procedure or research participation and when it is established that an interpreter is needed (Consult the Guide for the use of professional interpreters in health services or the Kit for working with people from the Deaf community and those with a hearing impairment, if necessary), an interpreter must be called, except when immediate action is required in a life threatening situation or if the person wishes to utilise their own relatives, friend or carer. If health services staff are not satisfied that the person has adequately understood the information when assisted by their relative, friend or carer, an accredited interpreter should be used. Refusal of the patient to engage an interpreter's services should be recorded on their clinical file.
- The interpreter must sign the consent form declaring that the statement on the form and other information from the treating practitioner have been communicated. The patient should also sign the consent form. If a telephone interpreter is used, the name of the interpreter and the time of the call should be documented (consent forms should be modified to allow for signatures).
- Translated written information can be used to explain the treatment process but is only a supplement to the assistance provided by an interpreter (ie. cannot be considered as a substitute for a two-way communication about the procedure).

5. At the completion of an interpreting session

- *Sign the interpreter service delivery form for TIS or the time record sheet for the Queensland Deaf Society to verify that the interpreting service was provided. Keep a copy of the form so that accounts can be verified.*
- *If further interviews are required, note that it is possible to request the same interpreter if it is a situation where continuity is required.*

6. Payment for interpreting services

- *Note that it is the responsibility of Queensland Government services to budget for and pay for interpreters. It is not the responsibility of clients to pay for interpreters.*

7. Complaint procedures

- *Fill out the TIS Customer Feedback Form*
- *Concerns about the competency, professionalism or ethical standards of an interpreter should be promptly reported to:*

Manager
TIS Eastern
GPO Box 9984
SYDNEY NSW 2001
Phone (02) 9258 4640

Manager
Interpreting Services
Queensland Deaf Society
Davidson Street
NEWMARKET QLD 4051
Phone (07) 3356 8255
Fax (07) 3356 1331

Appendix 3 –

Queensland Domestic Violence Services Network

Regional Domestic Violence Service (Cairns)

55 Lake Street
CAIRNS QLD 4870
Tel: 4031 6817
Fax: 4639 4082
E-mail: rdvs@ledanet.com.au

North Queensland Domestic Violence Resource Service

P.O Box 6061
TOWNSVILLE QLD 4810
Tel: 4721 2888
Fax: 4721 1794
E-mail: nqdvrs@beyond.net.au

Domestic Violence Regional Service (South West)

P.O Box 281
TOOWOOMBA QLD 4350
Tel: 4639 3605
Fax: 4639 4082
E-mail: dvrs@bigpond.com

Mt Isa Rural and Remote Resource Worker

P.O Box 502
MOUNT ISA QLD 4825
Tel/Fax: 4743 0946
Mob: 0408 436 061
E-mail: nqdvrs@topend.com.au

Domestic Violence Service (Far South West)

P.O Box 1028
ROMA QLD 4455
Tel: 4622 5230
Fax: 4622 5320
E-mail: dvfsfw@tpgi.com.au

Domestic Violence Resource Service Inc. (Mackay)

P.O Box 519
MACKAY QLD 4740
Tel: 4957 3888
Fax: 4957 3984
E-mail: dvmackay@wackado.com

Working against Violence Support Service (WAVSS)

P.O Box 726
WOODRIDGE QLD 4114
Tel: 3808 5566
Fax: 3808 5109

Domestic Violence Service (Gold Coast)

P.O Box 409
SOUTHPORT QLD 4215
Tel: 5591 4222
Fax: 5571 1508
E-mail: domviol@fan.net.au

Domestic Violence Regional Service (Ipswich and Surrounding areas)

P.O Box 964
IPSWICH QLD 4305
Tel: 3816 3000
Fax: 3816 3100
E-mail: dvrs@hypermax.net.au

Co-ordinated Community response - (Wynnum)

P.O Box 501
WYNNUM QLD 4178
Tel: 3348 3867
Fax: 3393 5080
E-mail: ccrdv@powerup.com.au

Appendix 3 (cont.)

Domestic Violence Resource Centre

Ground Floor QNU Building
P.O Box 3278
SOUTH BRISBANE QLD 4101
General Inquiries:
3217 2544
Info. and resources:
3217 2311
Counselling:
3217 2344
Fax: 3217 2679
E-mail: admin@dvrc.org.au
or director@dvrc.org.au

Caboolture Regional Domestic Violence Service

P.O Box 1746
CABOOLTURE QLD 4510
Tel: 5498 9533
Fax: 5498 9530
E-mail: dvsercab@cnet.aunz.com

Domestic Violence Telephone Service

P.O Box 1072
MOOLOOLABA QLD 4557
Admin: 5430 2200
Tel: 1800 811 811
Fax: 5430 2230
E-mail: dvts@squirrel.com.au

Domestic Violence Service of Central Queensland

P.O Box 176
EMERALD QLD 4720
Tel: 4982 4288
Fax: 4957 3984
E-mail: dvsocq@maxspeed.net.au

Appendix 3 (cont.)

Queensland Sexual Assault Services

Statewide Sexual Assault Help Line

(16 hours daily 9:00am-1.00am)

1800 010 120

Service Name	Business Hours
Bayside Sexual Assault Service	(07) 3821 9558
Brisbane Rape and Incest Survivors Support Centre	(07) 3391 0004
Brisbane Sexual Assault Service Crisis Service	(07) 3636 5206
Bundaberg Area Sexual Assault Service	(07) 4153 4299
Centacare Emerald	(07) 4982 4358
Centre Against Sexual Violence (Logan)	(07) 3808 3299
Gladstone Regional Sexual Assault Service	(07) 4972 7404
Immigrant Women's Support Service	(07) 3846 5400
Ipswich Women's Health Centre & Sexual Assault Service	(07) 3812 0138
24 Hour Response (for recent sexual assault)	(07) 3202 2766
Jasper House Sexual Assault Support Service	
Rape Crisis Service	(07) 5433 8888
Counselling Service – Caboolture	(07) 5433 8300
Counselling Service – Redcliffe	(07) 3883 7300
Longreach Women's Sexual Assault Support Service	(07) 4658 3344
Mackay Sexual Assault Service	(07) 4968 3919
Mt Isa Sexual Assault Service	(07) 4744 4425
Murrigunyah Aboriginal & Torres Strait Islander Corp for Women	(07) 3290 4254
Rockhampton Sexual Assault Support & Prevention Service	(07) 4922 6585
Sexual Assault Support Service (Gold Coast)	(07) 5591 1164
Sisters Inside	(07) 3844 5066
South Burnett Women's Service	(07) 4162 5439
Sunshine Coast & Gympie Sexual Assault Support Service	(07) 5443 4711
Tableland Sexual Assault Service	(07) 4091 4036
Toowoomba Sexual Assault Support Service	(07) 4631 6950
Townsville Thuringowa Sexual Assault Support Service	(07) 4775 7555
	1800 657 501
Whitsunday Sexual Assault Service	(07) 4946 5211
Wide Bay Sexual Assault Service	(07) 4121 5999
WWILD-SVP (Women with Intellectual & Learning Disabilities)	(07) 3262 9877
Zig Zag Young Women's Resource	(07) 3843 1823

